MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERM 10/532622

AS FILED

FILING DATE

AFTER

APPLICANT(S)

							CLAIM	<u>Ļ</u>
	1,0		AF	AFTER		AFTER		IS T
İ	AS FILED			1"AMENDMENT		1 MAMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	1	
2	1	 	A				1	
3	†	 	1	-/-		 	4	
4				/	 -	 	-	\vdash
5				X			1	\vdash
7]	
8	 	1	 /-				4 1	
9							1 1	-
10		 	_					
11 12	 	├						
13					<u> </u>	<u> </u>	-[<u> </u>
14							1 1	\vdash
15	<u> </u>						1 1	
16 17	 -	-					1 1	
18							1 I	
19							1 1	-
20							1 [
21				-			1 1	
23							1 H	
24							1 t	_
25 26		<u>-</u>		_] [
27							{	
28				-				
29							l t	
30 31	-		-					_ {
32							!	_{_{0}}
33							!	_{{1}\atop{1}\atop{2}\atop{3}\atop{4}\atop{5}\atop{6}\atop{7}\atop{7}\atop{7}\atop{7}\atop{7}\atop{7}\atop{7}\atop{7}\atop{7}7
34							i t	
35 36								8
37		i					-	
38								- 5
39 40								_ {
41								9
42								9
43								9
44 45				 }				9
46							-	9
47								9
48								9
50							<u> </u>	9
TOTAL IND.		1	7	B		4	<u> </u>	10
TOTAL DEP	J	~ I	17			_	· -	OTA
TOTAL	1:	BEZTER!	<u>14 1</u>	₹ 3	1,	64	<u> [r</u>	OTA
CLADAS		1	17 3	NEW TOWN			1	CLA

PFO - 1360 (REV. 11.04)

j	<u> </u>			NDMENT '	2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						- 31.
52	-					
53						
54	1					<u> </u>
55						
56						
57	ļ					
58						
59	1					
60						
61						
62						
63				;		
64 .						
65						
66						
67						
68						
69						
70						
71						
72					 	
73						
74						
75			+			
76						
77						
78						
79						·
80						
81						 -
82	-					<u>-</u>
83					\longrightarrow	
84	 					
85						
86						
87						
88						
89						
90	 					
91						
92	 -					
93						
94						
95				<u>.</u>		
96	-	——-I				
97	 -					
98		$-\!\!+$				
99					 -	
100						
		 -}		 }		
TOTAL IND.		4		4		1
TOTAL DEP		de l		4.		de l
TOTAL	15	**************************************	18	\$ ₹	- 1 ,	77
CLAIMS	<u>۽ ا</u>	SEE		色彩。		
	U. Pa	S. DEPARTA	MENT of CON	MERCE		_]

Fatent and Trademort Office